# Supplier Data Sheet / Business Size Information

### Supplier/Company Legal Name:

**City:**  
**State:**  
**County:**  
**ZIP Code (9 digit):**

### Contact:

**Title:**  
**Email Address:**

### Phone:

**Supplier provides**  
**Goods**  
**Services**  
**Website:**

### Types of Goods or Services offered:

### Supplier is:

- [ ] Individual  
- [ ] Joint Venture  
- [ ] Nonprofit Corporation  
- [ ] Partnership  
- [ ] Foreign Citizen  
- [ ] State or Local Government Agency  
- [ ] U.S. Government Agency  
- [ ] Corporation Incorporated in the State of:

### Supplier’s Parent Company Information:

**Parent Company Name:**

**Address:**  
**City:**  
**State:**  
**Phone:**  
**Zip Code:**  
**Email Address:**

### Supplier’s Socio-economic Information:

The Supplier represents it **[ ] IS [ ] IS NOT** a small business. FAR 52.219-1 (OCT 2014)

Complete the following only if the Supplier represents itself as a small business:

- The Supplier **[ ] IS [ ] IS NOT** a women-owned small business.
- The Supplier **[ ] IS [ ] IS NOT** a veteran-owned small business.
- The Supplier **[ ] IS [ ] IS NOT** a service-disabled veteran-owned small business.
- The Supplier **[ ] IS [ ] IS NOT** an SBA certified HUBZone small business.
- The Supplier **[ ] IS [ ] IS NOT** an SBA certified HUBZone joint venture that complies with the requirements of 13 CFR Part 126.
- The Supplier **[ ] IS [ ] IS NOT** a small disadvantaged business as defined in 13 CFR 124.1002.

Complete only if the Supplier represents itself as a small disadvantaged business:

- [ ] Black American  
- [ ] Hispanic American  
- [ ] Native American  
- [ ] Subcontinent Asian American  
- [ ] Asian Pacific American  
- [ ] Other minority firm  
- [ ] Certified 8(a) contractor

### Signature:

______________________________

**Name (Printed or Typed):**

______________________________

**Title:**

______________________________

**Date:**

Submit form to FRNPProcurement@pad.pppo.gov